

Advantages and Challenges of Integrating ECD and Nutrition Programming

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Overview

- Perspectives from the Field
 - Advantages & opportunities for integration of nutrition & ECD
 - Challenges & key considerations for integrating nutrition & ECD
 - Key Questions to Consider
- Nutrition & ECD in Emergencies
 - Opportunities for integration
 - Challenges to integration
- Next Steps
- Country Examples

Why integrate ECD & Nutrition?

Advantages and opportunities from the field

- Increased recognition at policy level of importance of investing in young children's health, nutrition & development, but minimal resources for sustainable programs in LMIC
- Integrating services may **improve access to services** through:
 - **Cost effective programming**
 - Map existing resources in target community (gov't & community-based) and identify where modest enhancement can offer access to combined child development & nutrition services
 - **Example:** Enhance child development knowledge and skills of front line workers (e.g., CHWs) providing health and nutrition services
 - **Example:** Train teachers in community-based preschools in good nutrition and preventive health care practices

Why integrate ECD & Nutrition?

Advantages and opportunities from the field

- Integrating services may **improve access to services** through:
 - **Co-location of services**
 - One-stop shopping for parents makes life simpler!
 - Child can access multi-disciplinary services through one venue rather than travel to health post for health & nutrition and to preschool setting for ECD
 - Costs of traveling to multiple service delivery venues = **economic + time** which can both serve as barriers to access to care
 - Integrated services can address barriers & improve access
 - Anecdotal evidence; more systematic research needed

Why integrate ECD & Nutrition?

Advantages and opportunities from the field

- Integrating services may **improve access to services** through:
 - **Coordinated messaging and activities**
 - Providing **consolidated & coordinated** information/activities to caregivers with limited or poor schooling may increase chances that messages are heard
 - When frontline workers in both health/nutrition & education have a common understanding of critical information in these areas, parents receive **simple, clear, concrete** messages
 - **Repetition and reinforcement** of messages/practices = increased dosage  increase in caregiver knowledge and practice

Why integrate ECD & Nutrition?

Advantages and opportunities from the field

- Integrated services address and emphasize the **whole child**:
 - Caregivers often focus on one aspect of the child (e.g., physical development; health needs) without an understanding of how multiple needs of the child are inter-related
 - Integrated services **reinforce the message** that health, nutrition & development influence one another & all are critical for optimal growth & development
 - **Example:** Activities addressing both infant feeding practices & psychosocial stimulation emphasize the whole child & can provide positive experiences that reinforce these behaviors

Key Challenges & Considerations for Integration

- Workload of frontline workers
 - **Already quite high**
 - Danger of staff becoming overwhelmed; burnout; decreased motivation
 - Potential dilution of messages, decreased effectiveness & quality
 - **Task shifting/task sharing** (WHO, 2007)
 - Can expand human resource pool & improve access/coverage
 - Sustainability & quality of services = challenge
 - **Key considerations:**
 - Local incentives for frontline workers
 - Strong initial comprehensive training that includes modeling and practice, followed by ongoing support & supervision
 - Simple guidelines & standardized protocols
 - Training on problem solving & prioritization of key issues
 - Clear job descriptions with roles & responsibilities
 - Involve communities in implementation & monitoring for additional resources & increased accountability

(Hermann et al., 2009)

Key Challenges & Considerations for Integration

- Increased supervisory responsibilities
 - **Responsibilities include:**
 - Monitoring compliance with procedures, activities, and coverage
 - Mentoring and building capacity for high quality programming
 - **In integrated programs, need to expand supervisory role**
 - Actively address staff work load and motivation
 - **Cross training of supervisors**
 - Ensure familiarity with activities in nutrition, health & ECD
 - **Consider complexity of structure & reporting of supervision if multiple agencies or ministries involved**
 - **Strengthen ties and referrals to health system**

Key Challenges & Considerations for Integration

- Identifying common language and activities
 - **Different language/focus**
 - ECD community: ages & stages; developmental milestones
 - Nutrition community: infant & young child feeding (IYCF); growth monitoring
 - Need for cross training and increased understanding of terms, areas of focus, & potential areas of synergy
 - **Activities & modes of delivery**
 - ECD: home visits, ECD centers, community groups
 - Nutrition: individual counseling, IYCF support groups, growth monitoring programs
 - Need to identify opportunities for integration and ways activities can reinforce each other
 - **Sectors and key ministries often do not talk with one another!**
 - Different priorities
 - Different funding streams

Key Challenges & Considerations for Integration

- Integrated tools needed for monitoring & evaluation
 - **Successful system to monitor program progress & quality/ evaluate impact = key for successful programming**
 - Data for decision-making
 - **Adapt current tools in nutrition & ECD to develop system with minimal set of key indicators to address process & outcomes related to an integrated program**
 - Training staff on these new indicators critical
 - **Example:** In addition to monitoring height & weight, assess age appropriate developmental milestones
 - **Example:** Obtain information on exclusive breastfeeding along with caregiver responsiveness & positive interactions with child

Questions to Consider:

- What are the most critical evidence-based interventions in nutrition & ECD?
- Which of these interventions might be most easily integrated?
- Which are most feasible and cost effective?
- What does a minimum essential package of activities look like?
 - What might these activities look like on the ground?
 - How many and which messages/activities can staff effectively provide and can parents/caregivers digest?
- What information will be critical to assess at country level in adapting these interventions?
 - Importance of situational analysis & formative research

True integration will require a paradigm shift!

Nutrition & ECD in Emergencies: Opportunities for integration

- **“Window of opportunity” to introduce integrated ECD and nutrition programming**
 - Disruption of normal systems
 - Critical that frontline agencies value integration
 - Identify concrete opportunities for integration in emergency preparedness plan as optimal way to build resilience to recurrent & acute crises

Nutrition & ECD in Emergencies: Opportunities for integration

- **Examples of integration**

- Encourage activities to support stimulation and emotional responsiveness during nutrition-related activities (e.g., IYCF counseling sessions; targeted supplementary feeding for undernourished children)
 - Increases skills & knowledge around child development & feeding
 - Increases connections among women; decreases isolation
- **Baby tents**
 - In Haiti, local facilitators trained in ECD, hygiene promotion, breastfeeding and good nutrition ran baby groups
 - Safe space for mothers and babies
- **Child-centered spaces (CCSs)**
 - Safe physical spaces where children gather to play, learn and receive psychosocial support—structure and normalcy
 - Provision of food and information on good nutrition can be introduced here

(UNICEF/WHO 2012; Consultative Group on Early Childhood Care & Development)

Nutrition & ECD in Emergencies: Challenges for integration

- **Coordination among various humanitarian agencies with different roles or mandates**
 - Significant progress with creation of “cluster approach” to improve emergency response (UN Office for Coordination of Humanitarian Affairs)
 - Continued need for better communication & coordination across sectors and across agencies
- **Health & nutrition for survival often prioritized over stimulation for development, especially for younger children**
 - During acute emergency phase, focus on food, water, shelter and emergency health care; less on ECD
 - Yet, holistic care and strengthening caregiving system is even more critical during emergencies
- **Insecure conditions may make group participation less likely**
 - Can provide pictorial brochures with information on nutrition & stimulation to mothers at food distribution sites (UNICEF/WHO, 2012)

Next Steps

Design, pilot, monitor and evaluate combined program activities

- 1. Scale-up Nutrition (SUN) Movement:**
- 2. ECD Action Network**
- 3. World Bank Early Years Initiative**

Next Steps

Continued research needed on:

- How to best prioritize & problem solve? How many messages/activities optimal?
- How to best mix different nutrition & ECD activities for most efficient & effective use of community resources?
- How to best address issues of staff & supervisory workload in different contexts?
- Cost/benefit of integrating ECD and nutrition programming



Country examples